

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L19000203185

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To:  
Division of Corporations  
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Account Name : FASTKIT CORP  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
CENTRUM MEDICAL CENTER - LITTLE HAVANA 27 AVE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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AUG 15 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I Name**

The name of the Limited Liability Company is:

**CENTRUM MEDICAL CENTER - LITTLE HAVANA 27 AVE, LLC**

**ARTICLE II Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1149 SW 27 Ave.  
Suite 201  
Miami, FL 33135

**Mailing Address:**

5730 SW 74 St.  
Ste. 200  
Miami, FL 33143

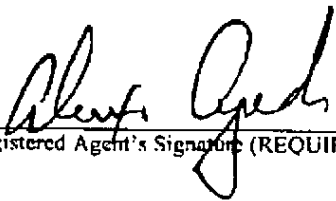
**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**Alexis Agreda**  
8900 Coral Way, Ste. 102  
Miami, FL 33165

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGRM" = Managing Member

"MGR" = Member

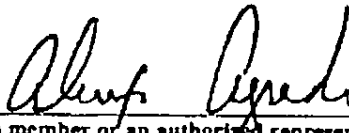
"AMBR" = Authorized Member

**Alexis Agreda – Authorized Representative  
8900 Coral Way, Ste. 102  
Miami, FL 33165**

**ARTICLE VI:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



\_\_\_\_\_  
Typed or printed name of signee